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Supplement to

U. S. OFFICE OF CIVILIAN DEFENSE HANDBOOK OF FIRST AID

OCD Publication 1006, Supplement 1

COURSE IN EMERGENCY FIELD CARE OF THE INJURED

For Air Raid Wardens and Auxiliary Police

This is not a course in first aid. It is designed to give Air Raid Wardens and Auxiliary Police basic instruction and practice in the handling of injured pending the arrival of the Emergency Medical Service or the Rescue Service. If instructors qualified by the Red Cross or the Bureau of Mines are not available, instruction may be given by a qualified person certified by the local Chief of Emergency Medical Service.

The U. S. Office of Civilian Defense Handbook of First Aid, corrected as indicated herein, is to be used as the basis for instruction.

Emphasis should be laid upon the fact that this abbreviated instruction does not qualify a person to do first aid when more expert assistance is available. If possible, an approved basic course in first aid should be taken after enrollment in the Citizens Defense Corps.

INSTRUCTION OUTLINE

First Hour—Principles of Emergency Field Care of the Injured.

1. Responsibilities of Air Raid Warden or Auxiliary Police to the injured pending arrival of Emergency Medical or Rescue Service.
2. Method of summoning medical aid through the control center.
3. General principles of first aid care.
4. Identification tag. Importance of data.
5. Demonstration of first aid pouch and contents (shell dressing, sterile gauze, triangular bandages).

Second Hour—Control of Bleeding.

1. Types of external bleeding. Oozing, profuse bleeding, spurting from artery.
2. Pressure dressings—practice.
3. Pressure points and tourniquets—demonstration. Dangers of the tourniquet.
4. Internal bleeding—seriousness and urgency

Third Hour—Care of Wounds, Burns, and Shock.

1. Care of wounds.
 - (a) Types: Crushing and penetrating.
 - (b) General principles of care. Prevention of infection.
 - (c) Application of dressings—practice.
2. Care of burns.
3. Shock.
 - (a) Nature of shock.
 - (b) Conditions leading to shock.
 - (c) Preventive measures.

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Fourth Hour—Care of Victim with Fracture.

1. Types: Simple and compound.
2. General principles of care.
3. How to move casualty if urgent. Do not move unless victim is in dangerous location.
 - (a) Simple splinting of leg and arm—practice.
 - (b) Special fractures—head, neck, spine (do not move until Mobile Medical Team arrives).

Fifth Hour—Transportation of the Injured.

1. General principles (do not move casualty until Medical or Rescue Service arrives, unless location is dangerous).
2. Lifts and carries.
3. Loading a stretcher.
4. Improvised stretchers.
5. Carrying a stretcher.
6. Loading an ambulance.

Sixth Hour—Chemical Warfare.

1. Types of gas.
2. Self aid (Operations Letter No. 128).
3. Phosphorus burns.

Seventh Hour—Asphyxia.

1. Common causes—obstruction in mouth or throat, injuries to chest, utility gases, electric shock.
2. Removal of obstruction to air passages.
3. Artificial respiration.
 - (a) When to give it.
 - (b) When not to give it.
 - (c) How to give it.

Eighth Hour—Practice in artificial respiration, application of dressings, control of bleeding.

CORRECTIONS FOR U. S. OFFICE OF CIVILIAN DEFENSE HANDBOOK OF FIRST AID

On the basis of overseas experience and of recent investigations conducted under the direction of the National Research Council, it is necessary to make the following changes in the U. S. Office of Civilian Defense Handbook of First Aid.

Page 3, line 2, add: "The first responsibility of the Warden or Auxiliary Policeman is to notify the control center of the whereabouts of casualties as soon as possible. On returning he should give urgent first aid to seriously injured victims pending the arrival of the Emergency Medical or the Rescue Service. The Warden may delay notifying the control center in order to give urgent first aid such as removal of obstruction to breathing, arrest of serious bleeding, or artificial respiration, if the lives of other persons are not endangered by the delay."

Page 4, "General Directions," should read as follows:

"General Directions:

1. Keep victim lying down.
2. Seek medical help immediately unless victim is bleeding or has stopped breathing.
3. Give immediate attention to serious bleeding or interference with normal breathing. (A report to the control center or other source of help takes precedence at a major disaster with many victims whose lives might be lost if there is delay in summoning aid.)
4. Remove casualty at once from source of further danger (fire, dangerous wall or beam, exposed wiring, escaping utility gas). Move him *only* if he is in a position of danger.

5. Keep victim comfortably warm and allay his fears.

6. As soon as other duties permit, fill out identification tag. This is important because the victim may lose consciousness.

7. Do not try to give an unconscious person anything to drink."

Page 5: "First aid pouch issued to Wardens contains:

Small shell dressing (Carlisle model)	2
Plain sterile gauze	1
Bandage, triangular, 50 inches by 36 inches	2
Safety pins	4
Identification tags (book of 20)	1
Skin pencil	1
Indelible pencil	1"

Page 8, lines 5 to 8, change to read, "If a limb is severely torn or crushed, hemorrhage should be controlled, shock treatment instituted, and the affected limb splinted or supported comfortably. The victim should then be moved immediately to a hospital by ambulance."

Page 26, Chapter VI, Burns, line 7: Change the word "wound" to "burn."

Page 26, last line: Delete "tannic acid jelly" and insert "boric acid ointment or petrolatum." Tannic acid should not be used in any form in the first aid treatment of burns, nor should other crusting agents such as gentian violet, triple dye, and picric acid.

Page 27: Delete lines 5 to 10.

Page 28: Last line, add: "Victim should be kept comfortably warm but should not be allowed to become overheated. Overheating is as dangerous as chilling. Hot water bottles will be required only in cold weather."

Page 32, line 4, add: "Experience of cities under air attack has demonstrated that it is generally unnecessary to apply traction splints before moving a casualty to a hospital. Civilian air raid casualties can be taken immediately to hospitals over paved city streets whereas military casualties occurring in battle must usually be transported long distances over rough terrain. Most civilian casualties occur within a few miles of a hospital. At the scene of the incident, therefore, only simple splinting of a limb is necessary, such as binding the fractured leg to the sound leg, strapping a fractured arm to the trunk, or applying a simple splint or sling for temporary support. Application of traction splints is not required as a first aid measure, unless the victim must be moved a long distance or over rough roads."

Page 36, after the first paragraph, add the following paragraph: "Instruction in traction splinting is not required for Wardens or Auxiliary Police and may be omitted. It is rarely required for Rescue Squads, Stretcher Teams, and other nonmedical members of protection services."

Page 47: After "1. *Fracture of arm or collar bone*," add: "Have victim walk to place of safety, injured arm supported by patient or attendant. Then * * *"

Page 53: After "*Placing blankets on a stretcher using two blankets (fig. 33)*", add the words: "See also Circular, Medical Series No. 29, subject: British (Wanstead) Method of Blanketing a Casualty. Both the British method and the method described below should be practiced."

Page 61, lines 20 to 23, change to read: "Ambulances and other vehicles used as ambulances will proceed slowly when loaded with casualties. An attendant should ride in the stretcher compartment. Stretchers should be placed in such a way

that the victims ride head first in order to facilitate observation by the attendant and permit ready communication between attendant and driver."

Page 62, Chapter XI, Chemical Warfare, add the words, "See Operations Letter No. 128, subject: How to Protect Yourself Against War Gas."

Page 64, last line, to page 65, line 11, change to read: "(2) If liquid gas or spray has gotten into the eyes, irrigate them as soon as possible, at least within 5 minutes. Plain water out of a faucet, shower head, canteen, or douche bag will do. A lukewarm solution of bicarbonate of soda (heaping tablespoonful in quart of water) is preferred but only if immediately available. The eyes should *not* be irrigated if exposed only to vapor or if more than 5 minutes has elapsed since exposure. (3) If drops of liquid gas have splashed on the skin, blot up the liquid with pieces of cleansing tissue, cloth, or a handkerchief. Dispose of the blotting material carefully, so that it cannot contaminate anyone else. (4) Sponge the skin briskly with laundry bleach containing sodium hypochlorite, if it is at hand, and rinse off with liberal amounts of water. Follow this with a bath, preferably a shower bath, with generous lathering. This should never be omitted. Early and generous use of soap and water is effective in preventing damage to the skin by blistering gases. Dry the skin by patting; do not rub. If blisters develop, they should be treated by a physician."

Page 66, after line 4, insert: "Removal of particles of phosphorus is a procedure that should be carried out by a physician. In rendering first aid it will, therefore, be sufficient to cover the wound with a heavy dressing soaked either with water or copper sulfate solution, sending the victim immediately to a hospital or casualty station."

